



# **Fertility Treatment**

**Supporting Co-op Colleagues**

**Guide for managers**

# Introduction



This guide supports our Fertility Treatment policy and is designed to help you assist colleagues who are undergoing fertility treatment. It includes information about the internal and external support available and offers practical advice on what you can do to assist colleagues including those who are partners going through fertility treatment.

Infertility is defined as a disease by the World Health Organisation (WHO) who state that 15% of the world population experience it. Fertility Network UK understand that one in six couples in the UK are impacted and most of those impacted couples are in employment.

Anchor Hanover state that nearly 70,000 IVF treatment cycles are carried out each year in the UK.

There are many causes of infertility and whilst a quarter of cases are unexplained, according to a report by AXA Health [Supporting your team through fertility concerns \(axahealth.co.uk\)](https://www.axahealth.co.uk/supporting-your-team-through-fertility-concerns) some include:

- lack of regular ovulation (the monthly release of an egg)
- poor quality semen
- blocked or damaged fallopian tubes
- endometriosis – where tissue that behaves like the lining of the womb (the endometrium) is found outside the womb

Undergoing a fertility journey can be physically and mentally exhausting. The process is invasive, demanding and places a strain on mental health with no real certainty of success. It can also be very expensive as fertility treatment on the NHS is a postcode lottery.

The chances are the number of Co-op employees undertaking fertility treatment is much higher than known and it's not just the person having the treatment that needs support; their partners feelings are often forgotten, and they also may be going through treatment.

Supporting employees through fertility treatment can have a significant impact on them at work with support being essential to help them perform in their role and be able to balance the demands of work with the requirements of fertility treatment.

# Workplace concerns



A study of 865 patients carried out by the Fertility Network UK ([Employment Issues | Fertility Network \(fertilitynetworkuk.org\)](https://www.fertilitynetworkuk.org)) in 2016 showed that during treatment:

- 13% of respondents reduced their hours and 6% left their jobs due to treatment
- 58% reported that work affected their treatment due to difficulties making appointments for example
- 85% reported that treatment affected their work perhaps finding it difficult to concentrate
- 50% were concerned it would affect their career prospects and 35% felt it did affect their career
- concerns about work and careers increased with more cycles of treatment

There is a risk that good colleagues may leave their employer if unsupported. As well as disruption to teams and workplaces this also brings increased costs of recruiting and training replacements.



# The difference a manager can make

As a manager you aren't expected to be an expert in fertility treatment. Your role is to have an awareness so that you can have supportive conversations with colleagues and help them access and signpost to appropriate support.

Familiarise yourself with the Fertility Treatment policy. It can be really daunting for a colleague talking to someone who has no knowledge of fertility treatment so try and understand the basics of what treatment may involve, to remove any misunderstandings and be there if they want to talk, a colleague may be more likely to open up to you about their situation.

Try and create an environment where colleagues feel comfortable discussing the impact of their fertility with you. Don't assume that their experience is the same as another colleague, friend or family member that may have undergone fertility treatment; their experience will be individual to them. Just by being there to listen you will be able to offer invaluable support.

Asking colleagues how they are on a regular basis will help to create an open culture. Building relationships based on trust and respect will make it easier for an employee to raise something like this with you.

It's important to be aware that colleagues struggling with fertility and going through fertility treatment may choose not to tell their manager and may be reluctant to disclose the real reason for any sickness absence. They may not have even shared this with family and close friends and they may feel uncomfortable or embarrassed to speak to their manager.

# The difference a manager can make



Sometimes performance and behaviour may change without any clear explanation. If you have concerns about someone's wellbeing or performance, ask general open questions such as 'how are you?' or 'I notice you seem to have a lot on your mind recently and I wondered if you are okay?'

A report by Manchester Metropolitan University (Fertility Matters at Work – June 2022) found there were a wide range of issues and concerns that influence whether a colleague decides to disclose that they are going through a fertility journey. Examples included not wanting to show vulnerability at work, concerns that it might be awkward to talk about particularly with male managers and young colleagues and disclosing fertility treatment sometimes discloses something else such as sexual orientation or desire to have a child alone.



# Approaching sensitive conversations

Approach conversations with empathy. It's important to set the right tone when opening a conversation about any sensitive issues. Here are some tips to help you approach a sensitive conversation:

- Make sure you're in a private space.
- Allow enough time.
- Avoid judgement and making assumptions.
- Actively listen and give colleagues space to open up - don't feel like you need to give your opinion or advice. Being a safe space for them to listen to may be enough.
- Be patient and be prepared for some silences.
- Ensure colleagues know they can trust you.

Ensure any information a colleague shares with you is treated in confidence and is not shared wider in the team without their consent.

You may find the work adjustment plan [Work Adjustments Form.pdf \(ctfassets.net\)](#) or wellbeing action plan [Wellbeing-Action-Plan](#), useful tools to help you think about what kind of questions to ask colleagues when you're speaking to them about fertility.

# Putting it into practice



Often a few changes to a colleague work environment can make a big difference and discussion with a colleague will help to identify what would help. The table below is not an exhaustive list but provides some examples of adjustments which may be helpful:

<b>Allow flexible working where possible</b>	A Fertility Matters at Work report stated that for 83% of those undergoing a fertility journey during the Covid pandemic they reported the pandemic made managing fertility treatment easier. Being able to work from home allowed people to attend appointments and complete treatment at home with more ease.
<b>Ask questions</b>	Show an interest and ask how investigations/ treatment are going and how they're feeling. It's better to ask or check that it's okay to ask than say nothing at all because you're afraid to say the wrong thing as it could give the impression that you don't care.
<b>Pay attention to your colleagues' mental health and any indications that they may need extra support</b>	Make sure colleagues know how to access our Employee Assistance Programme and signpost them to the external support in this guide. As a manager consider using the service yourself for guidance.
<b>Be flexible</b>	Fertility treatment can be all-consuming both physically and mentally. Appointments may need to be frequent; sometimes daily and can be unpredictable. If a colleague is undergoing IVF treatment, there may be last minute adjustments to appointments that are outside of their control.
<b>Provide access to equipment</b>	Colleagues may need to have injections at set times of the day and access to keep medication refrigerated.
<b>Be mindful</b>	There may be side effects to treatment including (but not limited to) poor concentration, poor sleep and generally feeling run down. Colleagues may also have hormone imbalances which affect their mood. Colleagues may need time off to recover from procedures.
<b>Find a private space/make a space private when needed</b>	Colleagues may need a private space to inject medication whilst at work. They may also be

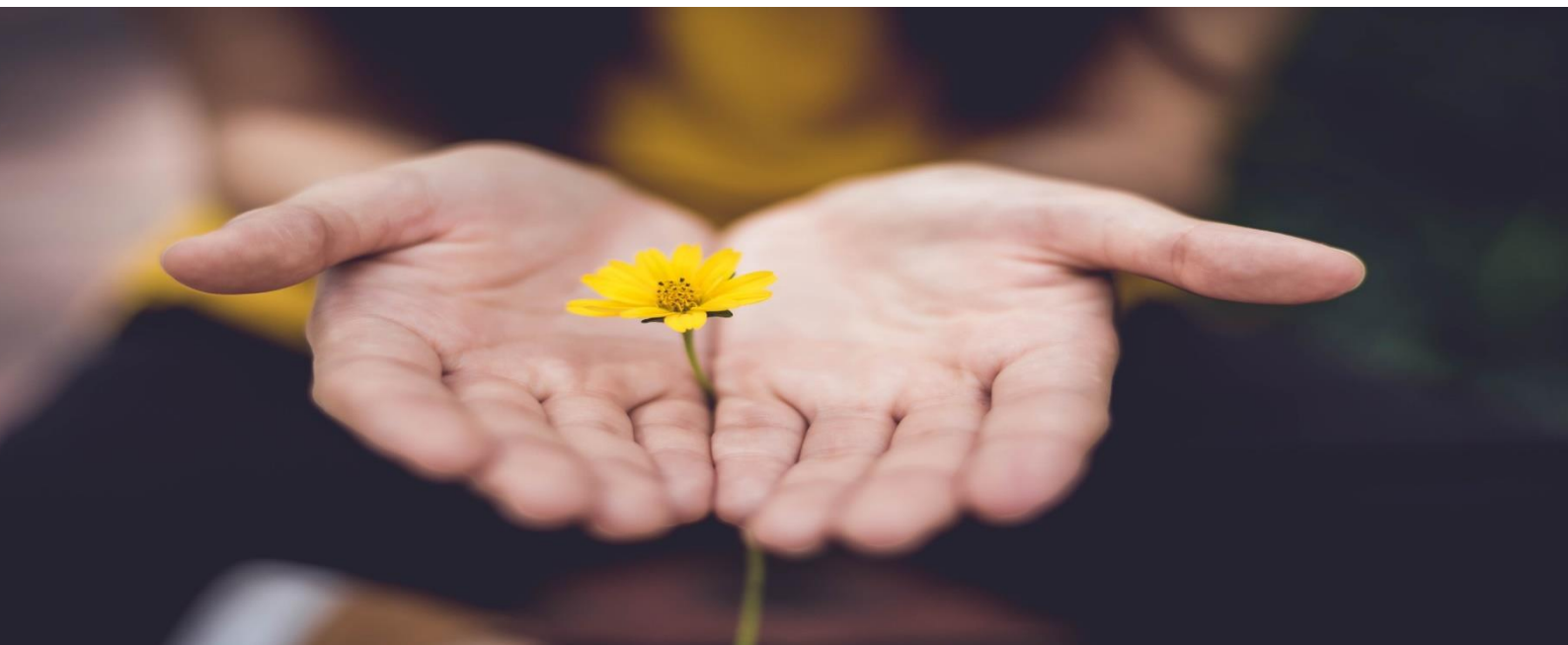


	advised to rest and/or lie down for a period of time after administering medication. If you don't have these facilities at work, be open to allowing colleagues to flex their hours/go home for this. They may also need to speak to their partner or doctor about confidential matters during the working day. Allow them the facility to make/receive calls and in a private space.
<b>Be conscious of workloads</b>	Appointments add to workloads where there's a requirement to 'catch up'. Consider offering to lighten the workload temporarily or provide the space for colleagues to step back from stressful projects if possible. This way colleagues may be less worried about workload when they are back and forth with appointments.
<b>The emotional transition at the end of a fertility journey if treatment is unsuccessful</b>	Colleagues may experience cycles of hope and grief through their fertility journeys with no clear end in sight. It's important to know that this may not be a short-term journey and support shouldn't reduce over time.
<b>Bereavement - the loss of a baby, can be part of the fertility journey</b>	If it's needed ensure your colleague knows about our Pregnancy Loss policy.





**In some instances, it may be helpful to seek occupational health advice to consider what adjustments could add value. Contact ER Services on 0330 606 1001 (option 2) for support if you think this may be the case or need some additional support.**



## What you shouldn't say

Infertility is like a bereavement and trying to cheer someone up by telling them things could be worse or they are lucky not to have the responsibility of a family may make them feel you regard their problem as trivial. As a guide do not say anything to a colleague that you wouldn't say to someone who has lost a child.

**Examples of things not to say** to a colleague experiencing fertility problems include:

- **Just adopt** – adoption isn't for everyone and whilst it is great for some it won't be the answer to everyone's fertility struggles.
- **You're lucky you don't have children** – complaining about your own children won't make someone who is struggling feel any better.
- **Whatever you do, don't give up** - this makes it sound like things will inevitably work out in the end and unfortunately, they may not do.
- **It will happen if it's meant to** – telling someone it's down to fate will not bring reassurance.
- **You've plenty of time yet** – a colleague may have already been trying for a baby for many months or years.
- **Insist they will succeed** – because you know someone who did after several years is like telling someone that they will win the lottery, you have no way of knowing for certain.

## Legal considerations

By law there is currently no statutory right to time off work for fertility treatment. A woman must be pregnant to have protection against pregnancy discrimination and therefore an employee undergoing fertility treatment is only protected against pregnancy discrimination once she is pregnant. Regardless of this the Co-op want to support colleagues undergoing fertility treatment and we expect our managers to follow our policy.

If a female is dismissed or disadvantaged because they are going through IVF but not yet pregnant, whilst they will not have a claim for pregnancy and maternity discrimination, they are likely to have a sex discrimination claim if they were treated less favourably than a man, or than a man would have been treated.

It's also important to know that a colleague undergoing IVF treatment will have pregnancy rights immediately after embryo transfer (when the embryo is implanted into the uterus), even though they may not be confirmed as pregnant until some weeks later. If the transfer is successful and they discover that they are pregnant, these rights continue as they would with any other pregnancy.

If they are told that the transfer is unsuccessful, those rights continue for a further two weeks and then are lost again. This process may repeat itself a number of times which means that pregnancy rights may come and go over a period of time.

## Signposting

As well as a variety of external support you can contact ER Services for advice.

The [Wellbeing Hub - Home \(sharepoint.com\)](#) also has links to our Colleague Support Programme, which gives you access to a 24/7 colleague helpline – 08088 021 122. Rest assured this is a completely confidential, independent helpline which is free to access. And our 24/7 virtual GP service which can be contacted on 0345 319 0484 (policy number/pin 101500).

**Fertility Network UK** – A national charity for anyone who has experienced fertility problems. They also have a helpline run by two former fertility nurses that colleagues can call. **Lines are open from 10am to 4pm:**

- Monday, Wednesday and Friday: 0121 323 5025, [support@fertilitynetworkuk.org](mailto:support@fertilitynetworkuk.org)
- Tuesday and Thursday: 07816 086694, [janet@fertilitynetworkuk.org](mailto:janet@fertilitynetworkuk.org)

**Human Fertilisation and Embryology Authority** – provide impartial, accurate information about IVF, clinics and other fertility treatments.

**British Infertility Counselling Association** – provide professional infertility counselling

[fertilityfriends.co.uk](http://fertilityfriends.co.uk) – a leading infertility online community dedicated to infertility and fertility support.